

**FILED****JANUARY 22, 2008**MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURT**RECEIVED**

JAN - 9 2008

Jan 9, 2008

MICHAEL W. DOBBINS  
CLERK, U.S. DISTRICT COURTUNITED STATES DISTRICT COURT  
FOR THE NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISIONMARIAN LAFERRIERE  
944 W. MONTROSE AV.  
CHICAGO IL 60613  
(Name of the plaintiff or plaintiffs)

CIVIL ACTION

v.

NC **08CV0186**PREMIER MANAGMENT SERVICES INC  
MID-AMERICA BUILDING MAINTENANCE CO  
(Name of the defendant or defendants)**JUDGE NORGLÉ**  
**MAG. JUDGE KEYS**COMPLAINT OF EMPLOYMENT DISCRIMINATION

1. This is an action for employment discrimination.

2. The plaintiff is MARIAN LAFERRIERE of the  
county of LAKE in the state of IL3. The defendant is PREMIER MANAGMENT SERVICES INC., whose  
street address is 595 ELM PL.(city) HIGHLAND PARK (county) LAKE (state) IL (ZIP) 60035(Defendant's telephone number) (847) 432-1600

4. The plaintiff sought employment or was employed by the defendant at (street address)

339 W. BARRY AV. (city) CHICAGO  
(county) COOK (state) IL (ZIP code) 60657

5. The plaintiff [check one box]

(a) ☐ was denied employment by the defendant.(b) ☐ was hired and is still employed by the defendant.

(c) ☒ was employed but is no longer employed by the defendant.

6. The defendant discriminated against the plaintiff on or about, or beginning on or about,  
(month) SEP, (day) \_\_\_\_\_, (year) 07.

**7.1 (Choose paragraph 7.1 or 7.2, do not complete both.)**

(a) The defendant is not a federal governmental agency, and the plaintiff [check  
one box] ☐ has not ☒ has filed a charge or charges against the defendant

asserting the acts of discrimination indicated in this complaint with any of the following  
government agencies:

(i) ☒ the United States Equal Employment Opportunity Commission, on or about  
(month) 12 (day) 12 (year) 07.

(ii) ☐ the Illinois Department of Human Rights, on or about  
(month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_.

(b) If charges were filed with an agency indicated above, a copy of the charge is

attached. ☒ YES. ☐ NO, but plaintiff will file a copy of the charge within 14 days.

It is the policy of both the Equal Employment Opportunity Commission and the Illinois  
Department of Human Rights to cross-file with the other agency all charges received. The  
plaintiff has no reason to believe that this policy was not followed in this case.

**7.2 The defendant is a federal governmental agency, and**

(a) the plaintiff previously filed a Complaint of Employment Discrimination with the  
defendant asserting the acts of discrimination indicated in this court complaint.

☐ Yes (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

☒ No, did not file Complaint of Employment Discrimination

2. The plaintiff received a Final Agency Decision on (month) \_\_\_\_\_  
(day) \_\_\_\_\_ (year) \_\_\_\_\_.

c. Attached is a copy of the

a. Complaint of Employment Discrimination,

☐ YES ☐ NO, but a copy will be filed within 14 days.

(ii) Final Agency Decision

☐ YES ☐ NO, but a copy will be filed within 14 days.

8. *(Complete paragraph 8 only if defendant is not a federal governmental agency.)*

(a) ☐ the United States Equal Employment Opportunity Commission has not issued a  
*Notice of Right to Sue.*

(b) ☒ the United States Equal Employment Opportunity Commission has issued a  
*Notice of Right to Sue*, which was received by the plaintiff on  
(month) 01 (day) 04 (year) 08 a copy of which *Notice*  
is attached to this complaint.

9. The defendant discriminated against the plaintiff because of the plaintiff's *(check only those that apply)*:

- (a) ☐ Age (Age Discrimination Employment Act).
- (b) ☐ Color (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (c) ☒ Disability (Americans with Disabilities Act or Rehabilitation Act)
- (d) ☐ National Origin (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (e) ☐ Race (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (f) ☐ Religion (Title VII of the Civil Rights Act of 1964)
- (g) ☐ Sex (Title VII of the Civil Rights Act of 1964)

10. If the defendant is a state, county, municipal (city, town or village) or other local governmental agency, plaintiff further alleges discrimination on the basis of race, color, or national origin (42 U.S.C. § 1983).

11. Jurisdiction over the statutory violation alleged is conferred as follows: for Title VII claims by 28 U.S.C. §1331, 28 U.S.C. §1343(a)(3), and 42 U.S.C. §2000e-5(f)(3); for

42 U.S.C. §1981 and §1983 by 42 U.S.C. §1988; for the A.D.E.A. by 42 U.S.C. §12117; for the Rehabilitation Act, 29 U.S.C. § 791.

12. The defendant [*check only those that apply*]

- (a) ☐ failed to hire the plaintiff.  
 (b) ☒ terminated the plaintiff's employment.  
 (c) ☐ failed to promote the plaintiff.  
 (d) ☐ failed to reasonably accommodate the plaintiff's religion.  
 (e) ☒ failed to reasonably accommodate the plaintiff's disabilities.  
 (f) ☒ failed to stop harassment;  
 (g) ☒ retaliated against the plaintiff because the plaintiff did something to assert rights protected by the laws identified in paragraphs 9 and 10 above;  
 (h) ☐ other (specify)
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

13. The facts supporting the plaintiff's claim of discrimination are as follows:

I ASK NOT TO GO UP ON LATHER I HAVE DISABILITIES  
INSTEAD ACCOMMODATE PLAINTIFFS DISABILITIES  
HARASSMENT START. I WAS TOLD THAT  
BUILDING INSURANCE WILL GO UP BECAUSE MY  
DISABILITIES, AND IM NOT ALLOW TO WORK  
WITH DISABILITIES, DO NOT TELL ANYONE YOU  
HAVE DISABILITIES.

14. [AGE DISCRIMINATION ONLY] Defendant knowingly, intentionally, and willfully discriminated against the plaintiff.

15. The plaintiff demands that the case be tried by a jury. ☒ YES ☐ NO

16. THEREFORE, the plaintiff asks that the court grant the following relief to the plaintiff  
*[check only those that apply]*

- (a) ☐ Direct the defendant to hire the plaintiff.
- (b) ☐ Direct the defendant to re-employ the plaintiff.
- (c) ☐ Direct the defendant to promote the plaintiff.
- (d) ☐ Direct the defendant to reasonably accommodate the plaintiff's religion.
- (e) ☐ Direct the defendant to reasonably accommodate the plaintiff's disabilities.
- (f) ☐ Direct the defendant to (specify): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

(g) ☒ If available, grant the plaintiff appropriate injunctive relief, lost wages, liquidated/double damages, front pay, compensatory damages, punitive damages, prejudgment interest, post-judgment interest, and costs, including reasonable attorney fees and expert witness fees.

(h) ☒ Grant such other relief as the Court may find appropriate.

(Plaintiff's signature)

Marian LaFerriere

(Plaintiff's name)

MARIAN LAFERRIERE

(Plaintiff's street address)

944 W. MO

(City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP) \_\_\_\_\_

(Plaintiff's telephone number) ( ) - \_\_\_\_\_

Date: \_\_\_\_\_

## LIST WITNESSES

1. NATASHA FENDERSON
2. LINDA HARRIS
3. ALEXIS MARTIN
4. HUGO CABALLERO
5. PAULA JONES
6. GENEWA CORIROSSI
7. GREG MINER
8. BLAKE BERISH
9. WIESLAW (WESLY)
10. EDGAR PALMA
11. M. SMITH

CONFIDENTIAL

State of Illinois  
Department of Human Services

## MEDICAL EVALUATION - Physician's Report

## IDENTIFYING INFORMATION

LOCAL OFFICE - PLEASE COMPLETE THE FOLLOWING SECTION.

Date issued: April 5, 2006

Case Number: 03-204	Case Name: LAFERRIERE, MARIAN
Case Address: 944 W MONTROSE AVE	CHICAGO, IL 60613-1463
Patient Name: LAFERRIERE, MARIAN	SSN (required):
Date of Birth: 09-12-1968	Caseload Number: U55
Application Date: 04-05-2006	Doctor's Name: DR Ahmad Jajeh
Doctor's Address: COOK COUNTY STROGER Hospital 1901 West Harrison 60612	Doctor's Phone: (312) 864-7250

## PHYSICAL ASSESSMENT

## MEDICAL PROVIDER - PLEASE COMPLETE THE FOLLOWING SECTIONS

We appreciate your cooperation in examining this patient. A detailed report of the information as requested is necessary to determine eligibility for assistance or employability status. Existing medical records may be provided to supplement or replace this form if they accurately describe the person's current condition. Return the completed form to:

U55  
Family Community Resource Center Uptown  
2112 West Lawrence Ave.  
Chicago IL 60625-1498

Date last examined: 4/5/2006 Date first seen: 2001 Frequency of visits: 2 weeks  
Number of hospitalizations in the last 12 months: 1 Approximate dates: 2/21/06 Emergen  
Where hospitalized: COOK COUNTY HOSPITAL Reason: hyperglycemia  
Height: 5'7 Weight: 180 lbs  
Chief complaints of patient with dates of onset: Nausea, Vomiting, fever,  
weakness, fatigue, unable to think and  
concentrate, polyuria polydipsia (skin infection)  
Complete Diagnoses (For mental impairments, include DSM code if known):  
Diabetes Mellitus (Adult Onset)  
Significant lab tests (show dates and results):  
Hematocrit: 42-7 Sed Rate: ANA:  
Creatinine: 0.9 Billirubin: Other: Blood sugar  
2/21/06 236 ER  
400 ER

**Patient Education Materials Follows**

Injury &amp; Illness

**DIABETES**

Diabetes is a chronic health condition where the body is unable to produce enough insulin to control the level of glucose (sugar) in the blood. This results in high blood sugar. If not controlled, diabetes can cause long-term problems involving the kidney, heart, eyes, circulation and nerves.

Your actual blood sugar level is a result of the balance between several factors. These include what kind of food and how much you eat, how much exercise you get and the amount of insulin available in your body. Stresses to the body such as infections can cause high blood sugar. Taking too much of your diabetes medicine or not eating regular meals can lead to dangerously low blood sugar.

**HOME CARE:**

- 1) Follow your prescribed diabetic diet
- 2) Monitor blood sugars as advised
- 3) Take insulin or oral diabetic medicine exactly as ordered
- 4) Try to achieve your ideal weight
- 5) Avoid tobacco smoking, which worsens the effect of diabetes on your circulation
- 6) Exercise regularly
- 7) Pay close attention to foot care to avoid infections there
- 8) Wear a Medic-Alert bracelet
- 9) If you feel like your blood sugar may be too high, measure it by a blood or urine test. If it is above your usual range, use the "sliding scale" Regular insulin dose your doctor gave you to correct this. If no "sliding scale" orders were given, contact your doctor for further advice.
- 10) If you are unable to eat your normal amount at each meal due to illness or vomiting, you **MUST** reduce your insulin dose. Contact your doctor to ask for a temporary adjustment of your insulin dose. If you cannot eat, and there is a delay in reaching your doctor, reduce your daily insulin dose to ONE-HALF (½) of what you usually take. Monitor your blood sugar every 4-6 hours, until you are able to begin eating again normally.

**RETURN PROMPTLY** or contact your doctor if any of the following occur:

- **HIGH BLOOD SUGAR:** frequent urination, dizziness, thirst, headache, nausea or vomiting, abdominal pain, drowsiness or loss of consciousness
- **LOW BLOOD SUGAR:** fatigue, headache, shakes, excess sweating, hunger, anxiety, restlessness, reduced vision, drowsiness, weakness, confusion or loss of consciousness

**DIABETES WITH HIGH BLOOD SUGAR**

You have been treated for high blood sugar (hyperglycemia). This may be the result of an infection or other illness, not following your diet (eating too many sweets or starches), not taking enough insulin or other factors.

**HOME CARE:**

- 1) High blood sugar may cause symptoms that you can learn to recognize, such as those listed below.
- 2) If you feel like your blood sugar may be too high, measure it by a blood or urine test. If it is above your usual range, use the "sliding scale" Regular insulin dose your doctor gave you to correct this. If no "sliding scale" orders were given, contact your doctor for further advice.
- 3) If your blood sugar is over 300, and you can't reach your doctor, call or return to this facility.

**FOLLOW UP:** Monitor and write down your blood sugars at least twice a day (before breakfast and before dinner) during the next 3-5 days. See your doctor during the next week to review these records

**FANTUS HEALTH CENTER  
RETURN TO WORK/SCHOOL VERIFICATION**

Patient Name LAFERRIERE MARIAN DATE: 9/2/03  
 Unit Number 2199101

**TO WHOM IT MAY CONCERN:**

The above named person:

- ☒ was treated at Fantus Health Center on the following date(s): Sept 2, 2003
- ☐ was ill and unable to work from: \_\_\_\_\_ to \_\_\_\_\_
- ☐ states he/she was ill and unable to work from: \_\_\_\_\_ thru \_\_\_\_\_
- ☐ may return to work/school on: \_\_\_\_\_
- ☒ may resume work on: Sept 3rd, 2003 with restrictions as follows: avoid exposure to sun, solvents and mechanical lubricants
- ☐ may resume school on \_\_\_\_\_ with the following restrictions: \_\_\_\_\_

DIAGNOSIS Risk out Allergic skin reaction versus  
porphyria cutanea tarda

Physician Signature Ahmad Tajeli

Print Name Ahmad Tajeli Pager No (312) 839-2462

**CONFIDENTIAL**

002194101  
 LAFERRIERE  
 9/12/1468 H  
 000000000000000000

MARIAN

**MID-AMERICA BUILDING MAINTENANCE CO.**  
**OVERNIGHT SHIFT SECURITY/MAINTENANCE:**  
**339 BARRY HOMEOWNERS ASSOCIATION**  
**MAY 4, 2007**

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**I. AREAS TO BE SERVICED**

- a. Front Desk Doorman
- b. Entranceway & Lobby Areas
- c. Common Area Hallways/Chute Rooms
- d. Bathroom
- e. Elevators
- f. Stairwells
- g. Lower Level Hallway
- h. Garage
- i. Laundry Room
- j. Resident Storage Areas
- k. Exterior Services

**II. SERVICES TO BE PROVIDED (Sunday-Thursday 11:00pm-7:00am)**

- a. Front Desk Doorman- 11:00pm-1:00am & 5:00am-7:00am
  - i. Maintain secure entranceway and assist residents
- b. Entranceway/ Lobby Areas
  - i. Clean glass revolving door and side glass (interior and exterior)
  - ii. Sweep and damp mop flooring
  - iii. Vacuum runoff matt
  - iv. Spot clean/wipe glass table tops and side tables
  - v. Dust window ledges and baseboard heaters
  - vi. Replace light bulbs (as needed)
  - vii. Dust clean lighting fixture
  - viii. Wipe clean security desk area
  - ix. Check mail room for debris and empty garbage
  - x. Wipe clean stainless steel entrance panel
- c. Common Area Hallways
  - i. Replace light bulbs (as needed)
  - ii. Remove any garbage from all chute rooms, including bottles, cans and cardboard

MABM Maintenance Proposal: 339 BARRY HOME OWNERS ASSOCIATION

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- d. Lower Level Bathroom (as needed)
  - i. Damp mop floor
  - ii. Disinfect clean toilet, sink and bright work
  - iii. Spot clean mirror
- e. Elevators
  - i. Vacuum carpet-spot clean (as needed)
  - ii. Wipe clean stainless steel siding and paneling, including around pushbuttons
  - iii. High dust corners and edges (as needed)
  - iv. Replace light bulbs (as needed)
  - v. Vacuum & polish door tracks (as needed)
- f. Stairwells
  - i. Sweep and damp mop stairs and landings(as needed)
  - ii. Check for debris
  - iii. Dust corners and edges (as needed)
  - iv. Replace light bulbs (as needed)
  - v. Spot clean any wall smudges (if applicable)
- g. Lower Level Hallway
  - i. Sweep/damp mop vinyl tile (as needed)
- h. Garage (2 levels)
  - i. Police entire interior parking area for debris
  - ii. Empty trash containers (replace liners)
  - iii. Apply oil dry to any automotive leaks (as needed)
  - iv. Broom sweep corners/edges and open areas for any buildup
  - v. Check light lenses for bugs
  - vi. Dust overhead pipes(as needed)
- i. Laundry Room
  - i. Sweep/damp mop vinyl tile floor
  - ii. Empty garbage, replace liner
  - iii. Wipe clean slop sink
  - iv. Wipe clean exterior of washers & dryers
  - v. Be sure area behind machines are free of any buildup
  - vi. Vacuum carpeting
  - vii. Dust horizontal surfaces
- j. Resident Storage Areas(basement level)
  - i. Sweep and damp mop flooring (as needed)

MABM Maintenance Proposal: 339 BARRY HOME OWNERS ASSOCIATION

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k. Exterior Services

- i. Front entrance and building perimeter – remove garbage, including cigarette butts, news papers, cans etc. (special attention to planted areas)
- ii. Keep alleyway, garage entrance and around dumpster free of any debris
- iii. Remove snow around perimeter of building, including lobby entranceway, alley and garage entrance

III. ADDITIONAL NOTES

- a. MABM will supply all necessary equipment to complete the general cleaning responsibilities
- b. Cleaning solution, paper products, light bulbs, can liners, oil dry product and 1 x uniform costs will be an additional charge
- c. Work will be performed Sunday thru Thursday 11:00pm – 7:00am
- d. All services b. thru k. will be performed between 1:00am-5:00am
- e. MABM will notify management of property maintenance issues

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

## NOTICE OF RIGHT TO SUE (ISSUED ON REQUEST)

To: Marian Laferriere  
944 W. Montrose Ave.  
Chicago, IL 60613

From: Chicago District Office  
500 West Madison St  
Suite 2800  
Chicago, IL 60661

CERTIFIED MAIL 7001 0320 0005 9832 4372



On behalf of person(s) aggrieved whose identity is  
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

440-2008-01268

Zelma Gonzalez,  
Investigator Support Asst

(312) 886-4821

(See also the additional information enclosed with this form.)

## NOTICE TO THE PERSON AGGRIEVED:

**Title VII of the Civil Rights Act of 1964 and/or the Americans with Disabilities Act (ADA):** This is your Notice of Right to Sue, issued under Title VII and/or the ADA based on the above-numbered charge. It has been issued at your request. Your lawsuit under Title VII or the ADA **must be filed in a federal or state court WITHIN 90 DAYS of your receipt of this notice**; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a state claim may be different.)



More than 180 days have passed since the filing of this charge.



Less than 180 days have passed since the filing of this charge, but I have determined that it is unlikely that the EEOC will be able to complete its administrative processing within 180 days from the filing of this charge.



The EEOC is terminating its processing of this charge.



The EEOC will continue to process this charge.

**Age Discrimination in Employment Act (ADEA):** You may sue under the ADEA at any time from 60 days after the charge was filed until 90 days after you receive notice that we have completed action on the charge. In this regard, the paragraph marked below applies to your case:



The EEOC is closing your case. Therefore, your lawsuit under the ADEA **must be filed in federal or state court WITHIN 90 DAYS of your receipt of this Notice**. Otherwise, your right to sue based on the above-numbered charge will be lost.



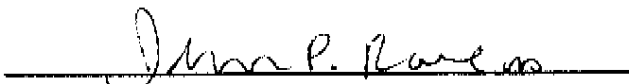
The EEOC is continuing its handling of your ADEA case. However, if 60 days have passed since the filing of the charge, you may file suit in federal or state court under the ADEA at this time.

**Equal Pay Act (EPA):** You already have the right to sue under the EPA (filing an EEOC charge is not required.) EPA suits must be brought in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that **backpay due for any violations that occurred more than 2 years (3 years) before you file suit may not be collectible**.

If you file suit, based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission

Enclosures(s)

  
John P. Rowe,  
District Director

12-31-07  
(Date Mailed)

cc:

PREMIER MANAGEMENT SERVICES

EEOC Form 5 (5/01)

**CHARGE OF DISCRIMINATION**

This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.

Charge Presented To: Agency(ies) Charge No(s):

☐ FEPA☒ EEOC**440-2008-01268****Illinois Department Of Human Rights**

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

**Mr. Marian Laferriere**

Home Phone (incl. Area Code)

**(773) 698-1338**

Date of Birth

**09-12-1968**

Street Address

City, State and ZIP Code

**944 W. Montrose Ave., Chicago, IL 60613**

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

**PREMIER MANAGEMENT SERVICES**

No. Employees, Members

**15 - 100**

Phone No. (Include Area Code)

**(847) 432-1600**

Street Address

City, State and ZIP Code

**P.O. Box 232, Highland Park, IL 60035**

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN  
☐ RETALIATION ☐ AGE ☒ DISABILITY ☐ OTHER (Specify below.)

DATE(S) DISCRIMINATION TOOK PLACE  
Earliest Latest**10-01-2007****11-27-2007**☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)):

I began employment at the above referenced location as a Day Porter in or around October 2007. Respondent is aware of my disability. During my employment, Respondent denied my request for an accommodation. Subsequently, I was subjected to harassment and discharged.

I believe that I have been discriminated against because of my disability, in violation of the Americans with Disabilities Act of 1990.

DEC 12 2007

CHICAGO DISTRICT OFC

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

I declare under penalty of perjury that the above is true and correct.

**Dec 12, 2007**

Date

Charging Party Signature

NOTARY - When necessary for State and Local Agency Requirements

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)

EEOC Form 7060-108-108

## U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

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To: Marian Laferriere  
944 W. Montrose Ave.  
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From: Chicago District Office  
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Suite 2800  
Chicago, IL 60661

CERTIFIED MAIL 7099 3400 0014 4054 1207



On behalf of person(s) aggrieved whose identity is  
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

440-2003-01155

Zelma Gonzalez,  
Investigator Support Asst

(312) 886-4821

(See also the additional information enclosed with this form.)

## NOTICE TO THE PERSON AGGRIEVED:

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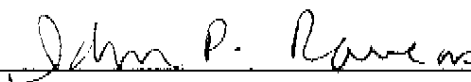


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If you file suit, based on this charge, please send a copy of your court complaint to this office.

On behalf of the Commission



John P. Rowe,  
District Director

12-31-07

(Date Mailed)

Enclosures(s)

cc:

MID-AMERICA BUILDING MAINTENANCE CO

EEOC Form 5 (5/01)

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☐ FEPA☒ EEOC**440-2008-01155****Illinois Department Of Human Rights**

and EEOC

State or local Agency, if any

Name (indicate Mr., Ms., Mrs.)

**Mr. Marian Laferriere**

Home Phone (Ind. Area Code)

**(773) 698-1338**

Date of Birth

**09-12-1968**

Street Address

City, State and ZIP Code

**944 W. Montrose Ave., Chicago, IL 60613**

Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)

Name

**MID-AMERICA BUILDING MAINTENANCE CO**

No. Employees, Members

**15 - 100**

Phone No. (Include Area Code)

**(847) 441-5745**

Street Address

City, State and ZIP Code

**550 Frontage Road, Suite 283, Northfield, IL 60093**

Name

No. Employees, Members

Phone No. (Include Area Code)

Street Address

City, State and ZIP Code

DISCRIMINATION BASED ON (Check appropriate box(es).)

☐ RACE ☐ COLOR ☐ SEX ☐ RELIGION ☐ NATIONAL ORIGIN

☐ RETALIATION ☐ AGE ☒ DISABILITY ☐ OTHER (Specify below.)

DATE(S) DISCRIMINATION TOOK PLACE

Earliest

Latest

**10-01-2007****11-27-2007**☐ CONTINUING ACTION

THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)).

**I began employment with Respondent as a Day Porter in or around May 2007. Respondent is aware of my disability. During my employment, Respondent denied my request for an accommodation. Subsequently, I was subjected to harassment and discharged.**

**I believe that I have been discriminated against because of my disability, in violation of the Americans with Disabilities Act of 1990.**

RECEIVED

DEC 12 2007

CHICAGO DISTRICT OFFICE

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.

NOTARY - When necessary for State and Local Agency Requirements

I declare under penalty of perjury that the above is true and correct.

I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

**Dec 12, 2007**

Date



Charging Party Signature

SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE  
(month, day, year)